

ATTORNEY DOCKET NO. A-6280
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Rodriguez, Arturo A.) Art Unit: **2621**
))
Application No. **09/736,661**) Examiner: **An, Shawn S.**
))
Filing Date: **December 14, 2000**) Confirmation No. **8279**
))
For: **"SYSTEM AND METHOD FOR**)
ADAPTIVE VIDEO PROCESSING)
WITH COORDINATED)
RESOURCE ALLOCATION")

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmitted herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input checked="" type="checkbox"/>	Petition For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		27	39	0	X \$50.00	
Independent Claims		5	7	0	X \$210.00	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$370.00	\$
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input checked="" type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>	\$460.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$
TOTAL FEE DUE						\$460.00

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Payment:

- A check in the amount of \$ _____ is enclosed.
- Payment by credit card in the amount of \$ _____ for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$ 460.00 for the fees designated above is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ _____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

/David A. Cornett/
David A. Cornett
Registration No. 48,417

Customer Number 05642